Joseph A. Horbal Commissioner

## REAL ESTATE AND MOBILE HOME TAX RELIEF APPLICATION

Office of the Commissioner of the Revenue PO Box 124 Chesterfield, VA 23832-0124

Tel.: (804) 748-1281 Fax: (804) 796-3236 cor@chesterfield.gov

\*\*\* All renewal applications must be filed by April 1, 2005 \*\*\*

	7 th remain applications made be med by 7 tp	, <u> </u>
Tax ID No.:	Renewal Appli	cation For Office Use Only
	First-Time App	licant Date Rec'd
Applicant's Name:		Real Estate
Address:	Last First Middle	Elderly
		☐ Disabled
Date of Birth: Co-applicant's	Soc. Sec. No.: Phone:	Mobile Home
Name:	Check one: Spouse	Co-owner ID #
Address:	LUGC WI. J.	Bill
Date of Birth:	Soc. Sec. No.: Phone:	
Name(s) as sho	wn on real estate tax bill:	
Is this property:	over one acre? Yes No occupied by the applicant as the sole General Eligibility Requirements <sup>1</sup>	dwelling?
Applicant m	nust have an ownership interest as of December 31, 2004, in the prop nust be 65 years old or older, or totally and permanently disabled, as	of December 31, 2004.
Gross com	bined income from all sources of the applicant, spouse, and applican	nt's relatives living in the dwelling

- must not exceed \$47,200. Note: documentation of all sources of income (including a copy of your 2004 federal income tax return, bank statements, broker statements, etc.) will be required, without exception.
- Net worth of the applicant, spouse, and all co-owners as of December 31, 2004, must not exceed \$109,100 (excluding the dwelling and up to one acre of land on which the dwelling is situated). Note: documentation of all assets and liabilities will be required, without exception.
- Renewal applications must be filed by April 1, 2005. First-time applicants must apply before December 31, 2005. Your Application Will Be Denied If . . .
- Income or net worth limitations are exceeded
- The application is not filed timely
- All required supporting documentation is not submitted
- The age or disability requirement is not met

**Balance Due** 

- The applicant has no ownership interest in the property
- For a detailed statement of eligibility requirements, please see insert

FOR OFFICE USE ONLY							
		Land	Improvement	Total Value			
Residence & Land Value							
Residence & One Acre Value							
Land Value Over One Acre							
Mobile Home							
				·			
Real Est./Mob. Home Eligible for Tax Relief		Annual Tax	1 <sup>st</sup> Half	2 <sup>nd</sup> Half			
Percent	Tax						
	Relief Granted						

Name	umber of ALL PERSONS, related to the ap  Relationship		Age Soc	ial Security Number
		•		•
GROSS INCOME  Report gross income for the CALENDAR YEAR 2004  In the dwelling. The applicant, spouse, and relative  2004 if they were required to file. DOCUMENTATI  more than one relative live in the dwelling, list the	es living in the dw ON OF ALL INCO	elling must include a ME LISTED MUST BI	a copy of their fed E SUBMITTED WIT	e <i>ral income tax return t</i> 'H THIS APPLICATION.
SOURCE OF INCOME	Applicant	Spouse (or Co-owner)	Other Relativ	re Totals
(a) Salaries, Commissions, etc.	\$	\$	\$	\$
(b) Pensions & Annuities				
(c) Gross Social Security or Railroad Retirement				
(d) Interest & Dividends				
(e) Refundable Tax Credits (e.g., Earned Income Credit)				
(f) IRA Distributions				
(g) Capital Gains				
(h) Rental Income				
(i) Insurance Payments				
(j) Welfare, SSI, Alimony, & Child Support				
(k) Gifts				
(I) Other (including income from trusts & businesses)				
(m) SUB-TOTAL	\$	\$	\$	\$
(n) Deduct \$6,500 from RELATIVE'S total income (not app	olicant or spouse/co-o	wne <u>r</u> )	\$ (6,500)	\$ (6,500)
(o) TOTAL GROSS INCOME (If less than \$0, enter \$0)	\$	\$	\$	\$
<b>NET WORTH</b> — <b>Note:</b> If total asset value exceeds Complete the following list of assets <b>as of December</b> dwelling is situated. <b>DOCUMENTS AND EVIDENCE</b>	31, 2004. Exclude	the value of the dwel	ling and up to one a	cre of land upon which the
	OUT ORTHO NE		Spouse (or co-	
VALUE OF ASSETS		Applicant	owner)	Totals
(a) Real Estate (in Chesterfield County other than residence	,	\$	<b>\$</b>	<b>\$</b>
(b) Real Estate (outside of Chesterfield County – attach list	& copy of tax bill)*			
(c) Personal Property (motor vehicles, boats, trailers, etc.)				
(d) Checking Accounts & Money Market Accounts			1	
(e) Savings Accounts			<u> </u>	
(f) Certificates of Deposit			<u> </u>	
(g) Stocks, Mutual Funds, & Bonds (b) Trusto				
(h) Trusts (i) Life Insurance (Cash Value)			1	
(1) 15 4 7 1 1/4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	
(k) Other Assets (Mortgages, Burial Plots, etc.)				
(I) TOTAL [Add lines 9(a) through 9(k)]		\$	\$	\$
do hereby declare that the information included i		is, to the best of my	knowledge and be	•
all respects and that I am the owner of the propert	y listed and occup	by it as my sole resid	lence.	
Signature of Applicant		_		Date